



Facility Name Dorchester Senior Center

Report Period Beginning: 05/01/2008 Ending: 04/30/2009

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	126	Single Unit Apartment	126	45,990	1
2		Double Unit Apartment			2
3		Other			3
4	126	TOTALS	126	45,990	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	8,240	14,521		22,761	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,240	14,521		22,761	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 49.49%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

**E. Does page 3 include expenses for services or investments not directly related to SLF services?**

YES  NO

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.**

(E.g., day care, "meals on wheels", outpatient therapy)

None

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 4/30/2009 Fiscal Year: 04/30/2009

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

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## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	155,582		194,506	350,088		350,088	1
2	Housekeeping, Laundry and Maintenance	124,715	66,221	154,711	345,647		345,647	2
3	Heat and Other Utilities			136,018	136,018	(21,383)	114,635	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>280,297</b>	<b>66,221</b>	<b>485,235</b>	<b>831,753</b>	<b>(21,383)</b>	<b>810,370</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	356,791			356,791		356,791	6
7	Activities and Social Services	90,388			90,388		90,388	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>447,179</b>			<b>447,179</b>		<b>447,179</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	458,347	54,903	183,959	697,209	(55,707)	641,502	10
11	Marketing Materials, Promotions and Advertising			10,672	10,672	(10,672)	(0)	11
12	Employee Benefits and Payroll Taxes			222,544	222,544		222,544	12
13	Insurance-Property, Liability and Malpractice			31,321	31,321		31,321	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>458,347</b>	<b>54,903</b>	<b>448,496</b>	<b>961,746</b>	<b>(66,379)</b>	<b>895,367</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,185,823</b>	<b>121,124</b>	<b>933,731</b>	<b>2,240,678</b>	<b>(87,762)</b>	<b>2,152,916</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation					69,410	69,410	17
18	Interest					803,313	803,313	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>					<b>872,723</b>	<b>872,723</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,185,823</b>	<b>121,124</b>	<b>933,731</b>	<b>2,240,678</b>	<b>784,961</b>	<b>3,025,639</b>	<b>24</b>

Report Period Beginning: 5/1/2008  
 Ending: 4/30/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 69,410	17
2	Miscellaneous Income	(55,707)	10
3	Advertising Expense	(10,672)	11
4	Cable Television	(21,383)	03
5	Interest Expense	803,313	18
6			6
7			7
8			8
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99			99
100			100
101	Total	784,961	101

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VIII. OWNERSHIP COSTS

A. Purchase price of land \_\_\_\_\_ Year land was acquired \_\_\_\_\_

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				50,554			2,528	2,528	22,749	6
7	Various		1996		54,697		20	2,735	2,735	38,288	7
8	Various		1997		951,945		20	47,597	47,597	618,764	8
9	Various		1998		62,006		20	3,100	3,100	36,032	9
10	Various		1999		162,472		20	8,124	8,124	89,360	10
11	Various		2000		74,883		20	3,744	3,744	37,442	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,356,556	\$		\$ 67,828	\$ 67,828	\$ 842,634	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 444,750	\$	\$ 1,582	1,582	10	\$ 443,556	18
19	Vehicles	47,290				5	47,290	19
20	TOTAL (lines 18 and 19)	\$ 492,040	\$	\$ 1,582	1,582		\$ 490,846	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Dorchester Senior Center

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4/30/2009

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Furnance Flue	2001	1,045		20	52	52	470	2
3	Greasetrapp	2001	1,620		20	81	81	729	3
4	Seal On Pump	2001	1,100		20	55	55	495	4
5	Patio Deck	2001	18,500		20	925	925	8,325	5
6	Dorchester Landscaping	2001	25,980		20	1,299	1,299	11,691	6
7	Carrpet Installation	2001	2,310		20	115	115	1,039	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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30									30
31									31
32									32
33	<b>Total Book Depreciation</b>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 50,554	\$		\$ 2,528	\$ 2,528	\$ 22,749	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

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**V. STAFFING AND SALARY COSTS (Please report each line separately.)**

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	12.66	\$ 13.55	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.88	15.09	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.95	9.41	7
8	Dishwashers			8
9	Maintenance Workers	6.34	9.46	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.79	22.33	13
14	Clerical	6.55	20.72	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>40.17</b>	<b>\$ 14.19</b>	<b>17</b>

**VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.**

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period		
1	N/A			\$	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	N/A	\$ 1
2		\$ 2
<b>Total</b>		<b>\$ 3</b>

**VII. RELATED ORGANIZATIONS**

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

**RELATED SLF's & HEALTH CARE BUSINESSES**

Name	1	City	2
N/A			

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5
N/A					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: N/A

If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).



Facility Name: **Dorchester Senior Center**Report Period Beginning: **05/01/2008**

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**04/30/2009****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **04/30/2009**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,557	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	455,853		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 458,410	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,380,550		15
16	Equipment, at Historical Cost	210,992		16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,591,542	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,049,952	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,502,504	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	66,440		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	279		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Customer Deposits	78,884		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,648,105	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,648,105	\$	45
46	<b>TOTAL EQUITY</b>	\$ 401,846	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,049,952	\$	47

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## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,118,397	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,118,397	3
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	894	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 894	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous Income	55,707	15
16	Space & Hall Rentals	112,801	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 168,508	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,287,799	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	831,753	19
20	Health Care/ Personal Care	447,179	20
21	General Administration	961,746	21
<b>B. Capital Expense</b>			
22	Ownership		22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 2,240,678	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (952,879)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (952,879)	31